STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

06/16/2025

EMERITUS CORPORATION
Brookdale Courtyard Puyallup
4610 6TH STREET PLACE SE
PUYALLUP, WA 98374

RE: Brookdale Courtyard Puyallup # 2366

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 61160 (Completion Date 06/16/2025) and 52275 (Completion Date 02/20/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/16/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

The Department staff who did the On Site verification:
Carol Gijima, Community Compaint Investigator (NCI)

If you have any questions, please contact me at (360)397-9556.

Sincerely,

Jody Just

Jody Just, Field Services Administrator
Region 3, Unit D

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 follow-up on 12/27/2024 and 02/19/2025 of:

Brookdale Courtyard Puyallup
4610 6TH STREET PLACE SE
PUYALLUP, WA 98374

This document references the following SOD dated: 02/20/2025

The following sample was selected for review during the unannounced on-site visit: 6 of 86 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carol Gijima, Community Compaint Investigator (NCI)

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

Statement of Deficiencies	License #: 2366	Compliance Determination # 52275
Plan of Correction	Brookdale Courtyard Puyallup	Completion Date
Page 2 of 5	Licensee: EMERITUS CORPORATION	02/20/2025

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.

Jody Just
Residential Care Services

03/04/2025
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)

3/14/25
Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on records review and interviews, the Assisted Living Facility (ALF) failed to provide showers as agreed upon in the negotiated service agreement (NSA) for 4 of 6 sampled residents (Residents 1, 2, 3 & 4 [R1, 2, 3 & 4]). This failure resulted in four residents not having showers agreed upon on their NSA which placed all four residents at risk for skin infections and a decreased quality of life.

Findings included...

Record review of the ALF's shower schedules, undated, showed the following:
R1 was scheduled for a shower every day.
R2 was scheduled for a shower on Sundays and Thursday.
R3 was scheduled for a shower on Sundays and Thursdays.
R4 was schedule for a shower on Tuesdays and Saturdays.
There was no ALF records provided showing that showers were given or that R1, 2, 3, & 4 had refused.

Resident records showed the following:
R1 was admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted]. An NSA agreement dated 11/08/2024 showed that R1 was to have stand by assist with dressing and staff

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

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on records review and interviews, the Assisted Living Facility (ALF) failed to provide showers as agreed upon in the negotiated service agreement (NSA) for 4 of 6 sampled residents (Residents 1, 2, 3 & 4 [R1, 2, 3 & 4]). This failure resulted in four residents not having showers agreed upon on their NSA which placed all four residents at risk for skin infections and a decreased quality of life.

Findings included…

Record review of the ALF's shower schedules, undated, showed the following:
R1 was scheduled for a shower every day.
R2 was scheduled for a shower on Sundays and Thursday.
R3 was scheduled for a shower on Sundays and Thursdays.
R4 was schedule for a shower on Tuesdays and Saturdays.
There was no ALF records provided showing that showers were given or that R1, 2, 3, & 4 had refused.

Resident records showed the following:
R1 was admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted]. An NSA agreement dated 11/08/2024 showed that R1 was to have stand by assist with dressing and staff

assistance and/or verbal prompts to wash their body as needed. Review of progress notes did not show that R1 refused showers.

R2 was admitted to the ALF on [redacted]/2020 with diagnoses to include [redacted] and [redacted]. An unsigned NSA dated 08/23/2024 showed that R2 was to receive two showers a week with full staff assistance. Review of progress notes from November – December 2024 did not show that R2 refused showers.

R3 was admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted] and [redacted]. An NSA dated 07/05/2024 showed that R3 was to have two showers a week with moderate staff assistance for lower body and dressing. Review of the progress notes from November – December 2024 did not show that R3 refused showers.

R4 was admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted]. An NSA dated 08/30/2024 showed that R4 needed staff to stand by and assist with showering as needed. The NSA did not show that R4 was resistive to care. Review of progress notes from November - December 2024 did not show that R4 refused showers.

During an interview on 12/26/2024 at 11:50am, Collateral Contact 1 (CC1), Anonymous Staff, stated that staff were complaining about being short-staffed and some residents were not getting the care they needed. CC1 stated that some residents had complained of call lights not being answered, showers not being given and other care and maintenance concerns were not being addressed.

During an interview on 12/27/2024 at 11:45am, Staff B, Health and Wellness Director, stated that the facility charted by exception and did not have requested shower records. Staff B stated that if showers were not given or there were refusals, caregivers were to notify a nurse who would document in the computer. When asked what the facility would do if they received complaints of residents not being given their showers, Staff B stated they would speak to the caregiver and ask what happened. Staff B was asked how they would address the shower complaint if it was coming from a resident. Staff B stated that they would take the caregiver to the resident and question both parties at the same time.

During an interview on 12/27/2024 at 12:30pm, Staff A, Administrator, was asked for shower records. Staff A stated that they did not document showers given, and that they charted by exception per their policy. Staff A was asked what the facility would do if they received complaints of residents not getting their showers. Staff A stated that they would speak to the caregiver and ask what happened. Staff A was asked how they would address the shower complaint if it was coming from a resident. Staff A stated that they would take the caregiver to the resident and question both parties. Staff A was asked if that would not place resident at risk for retaliation for making a complaint

about the staff, Staff A stated that that's how they would address that situation.

During an interview on 12/27/2024 at 2:29pm, Collateral Contact 2 (CC2), R3's Representative, stated that showers have always been an issue for R3. CC2 stated that there had been talks of having home health provide showers but wasn't sure if that had happened.

During an interview on 12/27/2024 at 2:35pm, Collateral Contact 3 (CC3), Anonymous Resident, stated that R3 did not get showers as R3 required two-person assist with a lift, and staff "were always in a hurry." CC3 stated that R3 was able to clean self with a "spit bath" (a quick wash of oneself with a washcloth).

During an interview on 12/27/2025 at 2:42pm, Collateral Contact 4 (CC4), Anonymous Staff, stated that there were some residents that did not receive their showers as scheduled. CC4 stated that R4 refused showers frequently and had certain caregivers she would allow to shower her. CC4 was asked if they documented showers given, refused or missed. CC4 stated that they did not. When asked how one would know if a resident received a shower or not, CC4 stated they wouldn't know unless they spoke to the resident or staff who was responsible for the shower. CC4 stated that some residents had gone over a week without having a shower.

During an interview on 12/27/2024 at 3:16pm, Collateral Contact 5 (CC5), Anonymous Staff, stated showers given, refused or missed were not documented. When asked how one would verify showers being given or not, CC5 stated it would be word of mouth. CC5 stated that they used to document resident showers but not anymore. CC5 stated that R3 &4 do not always get their showers. CC5 stated that R3 sometimes refused or would state that shower would be done on next shift, and R4 "always refuses." CC5 stated that staff do not always get to their assigned showers because there was only one caregiver responsible for an entire floor.

During an interview on 12/27/2024 at 4:16pm Collateral Contact 6 (CC6), R2's Representative, stated that R2 had ongoing problems receiving showers; stated that sometimes R2 refused, and the staff would just leave her. When asked if there were any interventions to help with showers, CC6 stated that they were not aware of any besides calling R2's son.

During an interview on 01/07/2025 at 3:18pm, Collateral Contact 7 (CC7), R1's Representative, stated that R1 did not receive their showers consistently. CC7 stated that staff refused to give R1 a shower or provide stand by assist as they were busy trying to get other residents up for breakfast. CC7 stated that sometimes staff did not show up to assist with showers and R1 was left to help herself. CC7 stated that R1 has been late for breakfast on multiple occasions because staff didn't assist her with morning care. CC7 stated that two staff at night would not be able to give showers and get people ready before the next shift came on.

Statement of Deficiencies	License #: 2366	Compliance Determination # 52275
Plan of Correction	Brookdale Courtyard Puyallup	Completion Date
Page 5 of 5	Licensee: EMERITUS CORPORATION	02/20/2025

During an interview on 01/21/2025 at 1:19pm, Collateral Contact 8 (CC8), R2's Representative, stated that R2's showers were not consistent, stated that R2 did "not have a shower for weeks" at one time. CC8 stated that when resident refused, "they would just leave her, or they would call me sometimes."

During an interview on 02/13/2025 at 11:30am, Collateral Contact 9 (CC9), Anonymous Staff, stated that two residents were scheduled for showers during night shift. When asked if those residents received their showers as scheduled, CC9 stated that sometimes the residents were and sometimes they would be left for the next shift. CC9 stated that staff could not complete the showers as they were not allowed to clock out late. CC9 was asked if any residents refused their showers, CC9 stated that R3 and R4 refused frequently. CC9 stated that R3 was a two person transfer with a lift and could not get into the shower by herself, and R3 was forgetful and needed help with showering. CC9 stated that if residents refused the nurse or med tech should be notified, and they were responsible for charting in the progress notes.

This is an uncorrected deficiency previously cited on 10/18/2024.

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 Courtyard Puyallup is or will be in compliance with this law and / or regulation on (Date) 3/21/25.

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

Administrator (or Representative) 3/14/25 Date

During an interview on 01/21/2025 at 1:19pm, Collateral Contact 8 (CC8), R2's Representative, stated that R2's showers were not consistent, stated that R2 did "not have a shower for weeks" at one time. CC8 stated that when resident refused, "they would just leave her, or they would call me sometimes."

During an interview on 02/13/2025 at 11:30am, Collateral Contact 9 (CC9), Anonymous Staff, stated that two residents were scheduled for showers during night shift. When asked if those residents received their showers as scheduled, CC9 stated that sometimes the residents were and sometimes they would be left for the next shift. CC9 stated that staff could not complete the showers as they were not allowed to clock out late. CC9 was asked if any residents refused their showers, CC9 stated that R3 and R4 refused frequently. CC9 stated that R3 was a two person transfer with a lift and could not get into the shower by herself, and R3 was forgetful and needed help with showering. CC9 stated that if residents refused the nurse or med tech should be notified, and they were responsible for charting in the progress notes.

This is an uncorrected deficiency previously cited on 10/18/2024.

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 Courtyard Puyallup 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Courtyard Puyallup
License/Cert.#: 2366
Compliance Determination #: 44075
Investigator: Carol Gijima
Investigation Date(s): 07/12/2024 through 10/18/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 137530
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):
1. Staff refused to shower resident

Investigation Methods:

Sample:	Total residents: Resident sample size: 9 Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions
Interviews:	Residents, including the named resident Staff
Record Reviews:	Resident Characteristic Roster Resident assessments and negotiated service agreements including the records of the named resident Staff progress notes Incident log / reports Shower logs

Investigation Summary:
1. Per record review, interviews of residents, resident representatives and staff, the facility failed to give residents showers as agreed upon. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 10/18/2024.

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
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2366	Compliance Determination # 44075
Plan of Correction	Brookdale Courtyard Puyallup	Completion Date
Page 1 of 9	Licensee: EMERITUS CORPORATION	10/18/2024

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 07/12/2024 and 09/12/2024 of:

Brookdale Courtyard Puyallup
4610 6TH STREET PLACE SE
PUYALLUP, WA 98374

This document references the following complaint number(s): 132100, 137531, 137530

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

The department staff that investigated the Assisted Living Facility:

Carol Gijima, Community Compaint Investigator (NCI)

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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 — 10/22/2024 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.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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 07/12/2024 and 09/12/2024 of:

Brookdale Courtyard Puyallup
4610 6TH STREET PLACE SE
PUYALLUP, WA 98374

This document references the following complaint number(s): 132100, 137531, 137530

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

The department staff that investigated the Assisted Living Facility:

Carol Gijima, Community Compaint Investigator (NCI)

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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.

Statement of Deficiencies Plan of Correction Page 2 of 9	License #: 2368 Brookdale Courtyard Puyallup Licensee: EMERITUS CORPORATION	Compliance Determination # 44075 Completion Date 10/18/2024

Administrator (or Representative) 10/28/24 Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on record review and interviews, the Assisted Living Facility (ALF) failed to provide showers as agreed upon in the negotiated service agreement for 9 of 9 sample residents (Residents 1, 2, 3, 4, 5, 6, 7, 8 & 9). This failure placed all 9 residents at risk for skin infections and decreased quality of life.

Findings Included...

Record review of the resident records showed the following:

Resident 1 (R1)
R1 was admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted]. Review of a negotiated service agreement dated 06/27/2024 showed that R1 was to receive showers twice a week with moderate staff assist for the lower body.

The June and July 2024 shower schedule reviewed showed that R1 was not scheduled for showers in June. There was no documentation of R1 being given showers for the entire month of June. R1 did not receive showers on July 7 and 11. There was no documentation on the shower sheets that R1 had refused their showers.

Review of June-July 2024 progress notes did not show that R1 refused showers or was offered alternate bathing options.

During an interview on 09/12/2024 at 11:15am, R1 stated that she had not received a shower for "over a month or so." R1 was asked why she had not received a shower, R1 stated that the ALF told her that her family needed to buy a shower chair.

Resident 2 (R2)
R2 was admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted]

Administrator (or Representative) Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on record review and interviews, the Assisted Living Facility (ALF) failed to provide showers as agreed upon in the negotiated service agreement for 9 of 9 sample residents (Residents 1, 2, 3, 4, 5, 6, 7, 8 & 9). This failure placed all 9 residents at risk for skin infections and decreased quality of life.

Findings Included…

Record review of the resident records showed the following:

Resident 1 (R1)
R1 was admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted]. Review of a negotiated service agreement dated 06/27/2024 showed that R1 was to receive showers twice a week with moderate staff assist for the lower body.

The June and July 2024 shower schedule reviewed showed that R1 was not scheduled for showers in June. There was no documentation of R1 being given showers for the entire month of June. R1 did not receive showers on July 7 and 11. There was no documentation on the shower sheets that R1 had refused their showers.

Review of June-July 2024 progress notes did not show that R1 refused showers or was offered alternate bathing options.

During an interview on 09/12/2024 at 11:15am, R1 stated that she had not received a shower for “over a month or so.” R1 was asked why she had not received a shower, R1 stated that the ALF told her that her family needed to buy a shower chair.

Resident 2 (R2)
R2 was admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted]

[redacted]. Review of a negotiated service agreement (NSA) dated 05/26/2024 showed that R2 was to receive showers twice a week with full staff assist. The ALF's shower schedules showed that R2 did not receive showers on June 21,28 and July 5th. There was no documentation on the shower sheets that R2 had refused their showers.

Review of June-July 2024 progress notes did not show that R2 refused showers or was offered alternate bathing options.

During an interview on 07/12/2024 at 10:20am, R2 stated that she didn't always get her showers as scheduled. R2 stated that there was a staff member that had refused to give her a shower. R2 stated that sometimes they made up for missed showers, but it was not consistent.

Resident 3 (R3)
R3 was admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted]. Review of a NSA dated 06/12/2024 showed that R3 was to receive daily showers with stand by staff assist. The ALF's shower schedules showed that R3 did not receive showers on June 1, 3, 13, 15, 19, 20, 21, 25,2 8 & 29, and July 3, 4, 6, 8, 9 & 11. There was no documentation on the shower sheets that R3 had refused their showers.

Review of June-July 2024 progress notes did not show that R3 refused showers or was offered alternate bathing options.

During an interview on 10/7/2024 at 9:57am, Resident 3's representative (RR3) stated that R3 was not receiving the care and services she was paying for. RR3 stated that R3 was supposed to get showers daily, before day shift comes on shift (before 6am) but they only have 2 caregivers at night for the whole building resulting in R3 waiting until after 6:30am to get any help. RR3 stated that R3 tries to dress herself but it is difficult and takes her over an hour and a half. RR3 stated R3 was not receiving care and showers as she should.

Resident 4 (R4)
R4 was admitted to the ALF on [redacted]/2022 with diagnoses to include [redacted]. Review of a NSA dated 06/17/2024 showed that R4 was to receive showers twice a week with stand by assist. The ALF's shower schedules showed that R4 did not receive showers on June 6, 13, 15, 20, 22, 29 and July 4 & 11. There was no documentation on the shower sheets that R4 had refused their showers.

Review of June-July 2024 progress notes did not show that R4 refused showers or was offered alternate bathing options.

Resident 5 (R5)
R5 was admitted to the ALF on [redacted]/2020 with diagnoses to include [redacted]

[redacted]. Review of a NSA dated 02/23/2024 showed that R5 was to receive showers twice a week with full staff assist. The ALF's shower schedules showed that R5 did not receive showers on June 6, 13, 15, 20, 22, 29 and July 4 & 11. There was no documentation on the shower sheets that R5 had refused their showers.

Review of June-July 2024 progress notes did not show that R5 refused showers or was offered alternate bathing options.

Resident 6 (R6)
R6 was admitted to the ALF on [redacted]/2021 with diagnoses to include [redacted]. Review of a NSA dated 05/22/2024 showed that R6 was to receive showers twice a week with stand by assist. The ALF's shower schedules showed that R6 did not receive showers on June 3, 13 and July 4, 8 & 11. There was no documentation on the shower sheets that R6 had refused their showers.

Review of June-July 2024 progress notes did not show that R6 refused showers or was offered alternate bathing options.

During an interview on 09/12/2024 at 10:40am, R6 was asked if they received showers per schedule. R6 stated "sometimes. " R6 stated that the facility was short staffed and couldn't get to everyone.

Resident 7 (R7)
R7 was admitted to the ALF on [redacted]/2022 with diagnoses to include [redacted]. Review of a NSA dated 03/04/2024 showed that R7 was to receive showers twice a week with stand by assist. The ALF's shower schedules showed that R7 did not receive showers on June 8, 26 & 29, and July 3 & 10. There was no documentation on the shower sheets that R7 had refused their showers.

Review of June-July 2024 progress notes did not show that R7 refused showers or was offered alternate bathing options.

Resident 8 (R8)
R8 was admitted to the ALF on [redacted]/2016 with diagnoses to include [redacted]. Review of a NSA dated 05/12/2024 showed that R8 was to receive showers twice a week with one-person physical assist. The ALF's shower schedules showed that R8 did not receive showers on June 11, and July 9. There was no documentation on the shower sheets that R8 had refused their showers.

Review of June-July 2024 progress notes did not show that R8 refused showers or was offered alternate bathing options.

During an interview on 10/09/2024 at 10:56am, R8 stated that they were supposed to have a shower once a week but did not always get showered. When asked if there was a reason they didn't get showers, R8 stated that the staff didn't want to deal with them.

Resident 9 (R9)
R9 was admitted to the ALF on [redacted]/2024 with diagnoses to include [redacted]. Review of a NSA dated 02/29/2024 showed that R9 was to receive showers twice a week with staff assistance. The ALF's shower schedules showed that R9 did not receive showers on June 17, and July 8. There was no documentation on the shower sheets that R3 had refused their showers.

Review of June-July 2024 progress notes did not show that R9 refused showers or was offered alternate bathing options.

During an interview on 10/09/2024 at 12:08pm, R9 stated that they had to "push" to get showers. R9 stated that they could see how other residents would complain about not receiving their showers. R9 stated, "I am forceful…I push really hard" and that was the reason they got their showers.

During an interview on 07/12/2024 at 10:40am, Staff B, Health and Wellness Director stated that showers should be documented on the shower log when given or when refused. Staff B stated that there was no reason residents should not be given a shower or no documentation. When asked if there were residents not getting their showers, Staff B stated that there were some complaints but that "they reschedule or give them on a different shift." When asked if the rescheduled shower would be documented on the next shift or whenever it was made up, Staff B stated that it should.

During an interview on 07/12/2024 at 10:55am, Staff A, Administrator was asked if there had been any issues with residents not receiving their showers. Administrator stated that they juggled them if there were complaints. When asked if any resident had made allegations of staff refusing to give them a shower, Staff A stated that they had nothing at the top of their head. In a separate interview on 10/18/2024 at 11:05am, Staff A stated that the expectation was that staff documents showers given or refused. When asked how one would know if a resident received their shower or if they refused if there was no documentation, Staff A stated that it would be hard to verify if showers were given or not.

During an interview on 09/09/2024 at 11:45am, Anonymous Staff D, stated that showers and refusals were documented on the shower schedule. When asked why some residents would not have any documentation whether a shower was given or not, Anonymous Staff D stated that "some people forget to document." When asked how someone would know if a resident received or refused a shower if there was no documentation, staff stated they didn't know.

Statement of Deficiencies	License #: 2366	Compliance Determination # 44075
Plan of Correction	Brookdale Courtyard Puyallup	Completion Date
Page 6 of 9	Licensee: EMERITUS CORPORATION	10/18/2024

During an interview on 09/09/2024 at 11:51am, Anonymous Staff-E, stated that they heard R2 yelling and when they entered her room, R2 informed them that a caregiver had refused to give them a shower. Staff E stated that another staff ended up giving R2 a shower. Staff E stated that whenever a shower was given or refused it was supposed to be documented on the shower schedule.

During an interview on 09/09/2024 at 12:26pm Staff C, Health and Wellness Coordinator stated that staff were to initial on the shower schedule when a shower was given or refused. When asked why some residents did not have any documentation on their shower days, Staff C stated that the "caregivers must have forgotten to sign". Staff C was asked how one would know if a shower was given or not if there was no documentation, Staff C stated that they guessed that if it was not documented it wasn't done. Staff C stated that R1 had not had a shower for a while. When asked the circumstances surrounding R1 not receiving showers, Staff C stated that R1 was care planned for refusals. Staff C stated that R1 needed a new shower chair. In a separate interview on 10/17/2024 at 10:02am, Staff C stated that R1 continued to refuse showers and facility staff encouraged her to take showers. Staff C stated that there was nothing wrong with R1's current shower chair but R1 refused to use it. When asked what alternate interventions were in place regarding R1's refusal of showers or on ensuring she received showers, Staff C stated that they were "still working on it...still encouraging her to get her shower."

There wasn't documentation of refusals on the negotiated service agreement dated 06/27/2024 or in progress notes.

During an interview on 09/09/2024 at 12:36pm Anonymous Staff F stated that showers were documented on the schedule as given or refused. When asked if there were residents that had not received showers for a long time, Staff F stated that "there are some, I don't remember their names."

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 Courtyard Puyallup is or will be in compliance with this law and / or regulation on (Date) 11/30/24.

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

Mike Shuratt
Administrator (or Representative)

10/28/24
Date

During an interview on 09/09/2024 at 11:51am, Anonymous Staff-E, stated that they heard R2 yelling and when they entered her room, R2 informed them that a caregiver had refused to give them a shower. Staff E stated that another staff ended up giving R2 a shower. Staff E stated that whenever a shower was given or refused it was supposed to be documented on the shower schedule.

During an interview on 09/09/2024 at 12:26pm Staff C, Health and Wellness Coordinator stated that staff were to initial on the shower schedule when a shower was given or refused. When asked why some residents did not have any documentation on their shower days, Staff C stated that the "caregivers must have forgotten to sign". Staff C was asked how one would know if a shower was given or not if there was no documentation, Staff C stated that they guessed that if it was not documented it wasn't done. Staff C stated that R1 had not had a shower for a while. When asked the circumstances surrounding R1 not receiving showers, Staff C stated that R1 was care planned for refusals. Staff C stated that R1 needed a new shower chair. In a separate interview on 10/17/2024 at 10:02am, Staff C stated that R1 continued to refuse showers and facility staff encouraged her to take showers. Staff C stated that there was nothing wrong with R1's current shower chair but R1 refused to use it. When asked what alternate interventions were in place regarding R1's refusal of showers or on ensuring she received showers, Staff C stated that they were "still working on it...still encouraging her to get her shower."

There wasn't documentation of refusals on the negotiated service agreement dated 06/27/2024 or in progress notes.

During an interview on 09/09/2024 at 12:36pm Anonymous Staff F stated that showers were documented on the schedule as given or refused. When asked if there were residents that had not received showers for a long time, Staff F stated that "there are some, I don't remember their names."

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 Courtyard Puyallup 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-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 record review and interviews, the Assisted Living Facility (ALF) failed to ensure that the negotiated service agreement (NSA) was signed by the resident, their representative or the facility representative for 8 of 9 sampled residents (Residents 1, 2, 3, 5, 6, 7, 8, 9). This failure placed all eight residents at risk for not receiving proper and adequate care, and staff not having direction on how to provide care.

Findings Included…

Record review of the resident records showed the following:

Resident 1 (R1)
R1 was admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted]. A NSA on file dated 06/27/2024 was unsigned.

During an interview on 09/12/2024 at 11:15am, R1 stated that she was supposed to get two showers a week. When asked if she had signed a NSA, R1 stated she didn't remember signing one.

Resident 2 (R2)
R2 was admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted] A NSA on file dated 05/26/2024 was unsigned.

During an interview on 07/12/2024 at 10:20am, R2 was asked if she had signed a NSA, R2 stated she didn't remember signing a care plan.

Resident 3 (R3)
R3 was admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted]. A NSA on file dated 06/12/2024 was unsigned.

During an interview on 10/7/2024 at 9:57am, Resident 3's Representative (RR3) was asked if they had signed a negotiated service agreement for care. RR3 stated they didn'

t remember signing a care plan. RR3 stated that R3 informed them that caregiver pop their heads in the door and ask if R3 was okay but do not offer to help her get showered and dressed for the day. RR3 stated that R3 has been late to breakfast on many occasions as she had to dress herself and it took her over an hour and a half.

Resident 5 (R5)
R5 was admitted to the ALF on [redacted]/2020 with diagnoses to include [redacted]. A NSA on file dated 02/23/2024 was unsigned.

Resident 6 (R6)
R6 was admitted to the ALF on [redacted]/2021 with diagnoses to include [redacted]. A NSA on file dated 05/22/2024 was unsigned.

During an interview on 09/12/2024 at 10:40am, R6 was asked if they signed a negotiated service agreement. R6 stated “maybe,” and that they were probably due for their assessment.

Resident 7 (R7)
R7 was admitted to the ALF on [redacted]/2022 with diagnoses to include [redacted]. A NSA on file dated 03/04/2024 was unsigned.

Resident 8 (R8)
R8 was admitted to the ALF on [redacted]/2016 with diagnoses to include [redacted]. A NSA dated 05/12/2024 was unsigned.

During an interview on 10/09/2024 at 10:56am, R8 was asked if they were supposed to get two showers a week. R8 stated that they were supposed to have a shower once a week. When asked if they signed a negotiated service agreement stating that they were to have a shower once a week, R6 stated that they don’t think they signed anything.

Resident 9 (R9)
R9 was admitted to the ALF on [redacted]/2024 with diagnoses to include [redacted]. A NSA dated 02/29/2024 was unsigned.

During an interview on 10/18/2024 at 11:05am, Staff A, Administrator stated that NSAs were finalized and signed during care conferences with the resident, their representative and the health and wellness coordinator. Staff A stated that if families refuse to communicate, the facility will make attempts to reach them via email. Staff A stated that they were not aware of any residents or families who were refusing to sign service agreements. When asked about the unsigned negotiated service agreements for Residents 1, 2, 3, 5, 6, 7 ,8 & 9, Staff A stated that they would send the signed copies.

Statement of Deficiencies Plan of Correction Page 9 of 9	License #: 2366 Brookdale Courtyard Puyallup Licensee: EMERITUS CORPORATION	Compliance Determination # 44075 Completion Date 10/18/2024

No signed agreements were received by the end of the investigation.

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 Courtyard Puyallup is or will be in compliance with this law and / or regulation on (Date) 11/30/24 .

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

Mike Shuster
Administrator (or Representative)

10/28/24
Date

No signed agreements were received by the end of the investigation.

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 Courtyard Puyallup 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